

INCIDENT, ILLNESS AND ADMINISTRATION OF FIRST AID POLICY

Updated: November 2025



What are we talking about in this document?

This policy is related to the administration of First Aid and educators' responsibilities in regard to the safety and wellbeing of children.



Who is this for?

This policy applies to children, families, staff, management, students, and visitors of the service.



Why do we need this policy?

This policy has been established to ensure clear lines of action are identified to effectively manage an event involving a child becoming injured, ill, or involved in an incident, in alignment with our service's commitment to the safety, health, and wellbeing of all children.

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Key Terms		
Term	Meaning	Source
Approved first aid qualification	A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website with content such as: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.	National Regulations (Regulation 136)
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website: acecqa.gov.au/qualifications/nqf-approved	National Regulations (Regulation 136)
Approved emergency asthma management training	Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website: acecqa.gov.au/qualifications/nqf-approved	National Regulations (Regulation 136)
Communication plan	A plan that outlines how relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child. It also sets out how families can communicate any changes to the medical management plan and risk minimisation plan for the child.	National Regulations (Regulation 90)
Current	The Safe Work Australia First Aid in the Workplace Code of Practice recommends that first aid qualifications, anaphylaxis management training and emergency asthma management training should be renewed every three years. The ARC Guidelines recommend CPR refresher training to be undertaken annually.	Safe Work Australia First Aid in the Workplace Code of Practice Model Code of Practice: First aid in the workplace Safe Work Australia ARC Guideline 10.1 guideline10-1march2013.pdf
Emergency	An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down.	Guide to the NQF
Emergency services	Includes ambulance, fire brigade, police and state emergency services.	https://info.australia.gov.au/information-and-services/public-safety-and-law/emergency-services
Hazard	A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological.	https://www.acecqa.gov.au/media/31336
Injury	Any physical damage to the body caused by violence or an incident.	
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	National Regulations (definitions)
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.	http://www.acecqa.gov.au/
Serious incident	For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident: (a) the death of a child – (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service; (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service – (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or	National Regulations (Regulation 12)

	<p>(ii) for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb.</p> <p>(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction.</p> <p>(d) any emergency for which emergency services attended;</p> <p>(e) any circumstance where a child being educated and cared for by an education and care service –</p> <p>(i) appears to be missing or cannot be accounted for; or</p> <p>(ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or</p> <p>(iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.</p>	
Suitable equipped first aid kit	<p>Should be fully stocked, with no expired products, and should be checked regularly to ensure this. For example, a service might keep a checklist of the contents inside each first aid kit, and initial the list each time the contents are checked.</p> <p>Approved providers or FDC educators may seek guidance from a reputable organisation such as St John Ambulance on first aid kit contents.</p>	Guide to the NQF (Operational Requirements – Quality Area 2)



The Important Stuff

- There must be at least one educator rostered on at all times who holds a current first aid qualification.
- An incident, injury and illness form must be completed for all incidents which must be signed by the parent/guardian as soon as practical.
 - If it is not signed on the day of the incident, a copy must be emailed to the parent to sign and return.
- Nominated Supervisor/Responsible Person, or a qualified educator at the discretion of the Nominated Supervisor/Responsible Person, must contact a parent immediately for injuries listed in point 4 of the First Aid Procedure.
- Risk assessments are used to reduce the risk of first aid needing to be administered.
- Children must not attend the service if the [Staying Healthy Guidelines](#) specify an exclusion period.

Our Service has a duty of care to provide and protect the health and safety of children, families, educators, and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Ensure the environment is safe and other people are not in danger of becoming ill or injured
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Relieve pain if possible
- Monitor ill or injured persons and promote recovery
- Provide immediate and effective first aid to children or adults
- Apply additional first aid tactics if the condition does not improve

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. Legislation

that governs the operation of approved children's services is based on the health, safety, and welfare of children, and requires that children are protected from hazards and harm.

Incident, Injury & Illness Records

An Incident, Injury & Illness Record must be completed when

- a child is injured
- any first aid is administered
- a child has a behavioural incident (biting, fighting, attempt to abscond. Multiple incidents may be documented differently)
- a child has a high temperature
- a child appears unwell (as an active document to monitor and record symptoms/progression or illness)
- a child witnesses something that may be distressing
- a child attends the service with an existing injury
- an educator is injured or suffers a medical episode.

How to complete an Incident, Injury & Illness Record

- Ensure all fields in the form are filled out correctly. Refer to the Incident Management Training document for further detail.
- Record any additional information in "Additional notes", including monitoring of the child after the incident or any development after the incident such as the child seeing a medical practitioner or further information provided by the parent. Further pages or documentation relevant to the incident can be attached to the form if required.
- Remember this is a legal document that is retained until the child turns 25. It can be requested at any time. Ensure it is filled out in concise, factual language and does not contain opinions or judgements.

Notifying parents

- The parents/guardians must be notified of any serious incident, head or face injury, bite/sting, bite from another child or suspected break/fracture or sprain as soon as practicable.
- Minor incidents can be communicated to the parent upon collection of the child.
- All attempts to contact a parent/guardian/authorised nominee, including the method (ie phone call, notified on pickup) must be recorded on the form.

The parents/guardians must sign the form upon collection or within 24 hours. If it is not signed upon collection, the parent must be called to let them know it will be emailed through to be signed and returned. The email must then be attached to the form as evidence of notification.



Serious Injury, Incident or Trauma Guidelines

In the event of any child, educator, staff, volunteer or contractor having an accident at the service, an educator who has a current approved First Aid Certificate will attend to the person immediately.

All Serious Incidents, Injuries, Illnesses and Traumas must be reported to the Keiki Hub. Keiki Hub Management must be notified as soon as practicable, preferably immediately after the incident to allow time for the Approved Provider and the Compliance and Quality Manager (or other PMC) to respond.

First Aid/Medical Emergency Procedure

The following procedure will be implemented if there is an accident, illness or injury that requires first aid:

1. Educator or staff member will inform the Nominated Supervisor/Responsible Person and a first aid qualified educator of the incident, illness or injury. It is preferable that a diploma qualified educator provide first aid, however a first aid qualified educator may provide first aid when more practicable.
2. Nominated Supervisor/Responsible Person or first aid qualified educator will review the child's medical information including any medical information divulged on the child's enrolment form, medical management plan before the first aid qualified educator attends to the injured or ill child or adult.
 - a. If the illness or incident involves a medical condition such as asthma, anaphylaxis, epilepsy or diabetes, an educator with approved training will attend to the child or adult following their Medical Management Plan.
 - b. In the event that a child or adult suffers from a reaction, incident, situation, or event related to an undiagnosed medical condition, an educator with approved training will attend to the child or adult following the procedures as detailed below.
3. Nominated Supervisor/Responsible Person and educators supervise and care for children in the vicinity of the incident, illness or injury
4. Nominated Supervisor/Responsible Person, or qualified educator at the discretion of the Nominated Supervisor/Responsible Person, contact the parent/guardian immediately if the injury is:
 - a. Head or face injuries
 - b. Bites/stings
 - c. Bite from another child
 - d. Suspected break/fracture or sprain (serious incident)

If required, due to serious Incident/Injury –

5. If required, first aid qualified educator or Nominated Supervisor/Responsible Person alerts medical practitioners/ambulance
6. First aid qualified educator or Nominated Supervisor/Responsible Person notifies parent or authorised nominee/emergency contact, informing them that the child requires medical attention from a medical practitioner
7. Educator or Nominated Supervisor contacts parent or authorised nominee/emergency contact to collect child from the Service

Nominated Supervisor ensures Incident, Injury, Trauma and Illness Record is completed in its entirety and parent and the regulatory authority is notified as soon as possible and within 24 hours of the injury, illness or trauma.

Keiki Hub Management must be notified of any emergencies as soon as practicable, preferably immediately after the incident to allow time for the Approved Provider and the Compliance and Quality Manager (or other PMC) to respond.

Diagnosed Medical Condition

In the event that a child/educator suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will:

- Follow the child/educator's emergency medical management plan
- Call an ambulance immediately (if ambulance attendance is required) by dialling 000
- Commence first aid measures/monitoring

- Contact the parent/guardian or emergency contact (if an educator) when practicable, but as soon as possible
- For children, contact the authorised nominee (emergency contact) if the parents or guardian can't be contacted when practicable, but as soon as possible.
- Contact Keiki Hub Management.
- Notify the regulatory authority, if required.

Undiagnosed Medical Condition

In the event that a child/educator suffers from a serious reaction, incident, situation, or event related to an undiagnosed medical condition the Service and staff will:

- Follow First Aid Steps
 - DRSABCD steps if child/educator unconscious
 - Danger – check for danger
 - Response- check for response
 - Send for help – call 000
 - Airway- open mouth and check for foreign material
 - Breathing – check for breathing (look, listen and feel)
 - CPR-
 - Defibrillate (if available)
 - Conscious
 - Place into recovery position
 - Phone ambulance
- For children, when practicable but as soon as possible:
 - Contact the primary parent/guardian
 - If the primary parent/guardian can't be contacted, contact anyone else listed as a parent/guardian
 - If the parents/guardians can't be contacted, contact the authorised nominee(s).
- For educators, contact their emergency contact when practicable but as soon as possible.
- Contact Keiki Hub Management.
- Notify the regulatory authority (within 24 hours).

Anaphylaxis

In the event that a child/educator suffers from an anaphylactic reaction the Service and staff will:

- Follow the child/educator's anaphylaxis action plan
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child/educator if available
- For children, when practicable but as soon as possible:
 - Contact the primary parent/guardian
 - If the primary parent/guardian can't be contacted, contact anyone else listed as a parent/guardian
 - If the parents/guardians can't be contacted, contact the authorised nominee(s).
- For educators, contact their emergency contact when practicable but as soon as possible.
- Contact Keiki Hub Management.

- Notify the regulatory authority within 24 hours.

In the event where a someone who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline autoinjector
- For children, when practicable but as soon as possible:
 - Contact the primary parent/guardian
 - If the primary parent/guardian can't be contacted, contact anyone else listed as a parent/guardian
 - If the parents/guardians can't be contacted, contact the authorised nominee(s).
- For educators, contact their emergency contact when practicable but as soon as possible.
- Contact Keiki Hub Management.
- Notify the regulatory authority within 24 hours.

Asthma

In the event that a child/educator suffers from an asthma emergency the Service and staff will:

- Follow the child/educator's Asthma Action Plan
- If the child/educator does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialing 000
- Continue first aid measures
- For children, when practicable but as soon as possible:
 - Contact the primary parent/guardian
 - If the primary parent/guardian can't be contacted, contact anyone else listed as a parent/guardian
 - If the parents/guardians can't be contacted, contact the authorised nominee(s).
- For educators, contact their emergency contact when practicable but as soon as possible.
- Contact Keiki Hub Management.
- Notify the regulatory authority within 24 hours

In the event that a child/educator suffers from an asthma emergency but has NOT been diagnosed with Asthma the service and staff will:

- Follow the steps on the Asthma First Aid Poster
- If the child/educator does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialing 000
- Continue first aid measures
- For children, when practicable but as soon as possible:
 - Contact the primary parent/guardian
 - If the primary parent/guardian can't be contacted, contact anyone else listed as a parent/guardian
 - If the parents/guardians can't be contacted, contact the authorised nominee(s).
- For educators, contact their emergency contact when practicable but as soon as possible.
- Contact Keiki Hub Management.

- Notify the regulatory authority within 24 hours.

Epilepsy

Ensure that if a child/educator has a seizure, whether or not they have been diagnosed as having epilepsy, a suitably trained and qualified educator will;

- protect the child/educator from injury- remove any hazards that the child/educator could come into contact with
- not restrain the child/educator or put anything in their mouth
- gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child/educator is safe in a wheelchair safe and airway is clear)
- monitor the airway
- call an ambulance. This may include when:
 - a seizure continues for more than three minutes
 - another seizure quickly follows the first
 - it is the child/educator's first seizure
 - the child/educator is having more seizures than is usual for them
 - certain medication has been administered
 - they suspect breathing difficulty or injury
- Contact Keiki Hub Management.

If the child/educator is known to have an epileptic condition Service and staff will:

- Follow the child/educator's Medical Management Plan or Emergency Action Plan
- If the child/educator does not respond to steps within the Emergency Action Plan, call an ambulance immediately by dialing 000
- Continue first aid measures
- For children, when practicable but as soon as possible:
 - Contact the primary parent/guardian
 - If the primary parent/guardian can't be contacted, contact anyone else listed as a parent/guardian
 - If the parents/guardians can't be contacted, contact the authorised nominee(s).
- For educators, contact their emergency contact when practicable but as soon as possible.
- Contact Keiki Hub Management.
- Notify the regulatory authority within 24 hours

If the child/educator is NOT known to have an epileptic condition Service and staff will:

- Administer emergency First Aid
- For children, when practicable but as soon as possible:
 - Contact the primary parent/guardian
 - If the primary parent/guardian can't be contacted, contact anyone else listed as a parent/guardian
 - If the parents/guardians can't be contacted, contact the authorised nominee(s).
- For educators, contact their emergency contact when practicable but as soon as possible.
- Contact Keiki Hub Management.
- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child/educator or if an ambulance was called in response to the emergency

(not as a precaution) the regulatory authority will be notified within 24 hours of the incident.

Diabetes

In the event that a child/educator suffers from a diabetic emergency the Service and staff will:

- Provide adult supervision at all times (children)
- Follow the child/educator’s diabetic Emergency Action Plan
- If the child/educator does not respond to steps within the diabetic Emergency Action Plan, immediately dial 000 for an ambulance
- Continue first aid measures and follow instructions provided by emergency services
- For children, when practicable but as soon as possible:
 - Contact the primary parent/guardian
 - If the primary parent/guardian can’t be contacted, contact anyone else listed as a parent/guardian
 - If the parents/guardians can’t be contacted, contact the authorised nominee(s).
- For educators, contact their emergency contact when practicable but as soon as possible.
- Contact Keiki Hub Management.
- Notify the regulatory authority within 24 hours.

Dental emergencies

It is important for educators and staff to be aware of how to manage and respond to dental accidents or emergencies. Our service will:

- Ensure there is an educator rostered on at all times who holds a current first aid qualification.
- Ensure that children are supervised at all times to minimise accidents and incidents.

In the case of a knocked, chipped or cracked tooth, Educators will contact the parent/guardian when practicable, but as soon as possible. If a tooth (or teeth) has been knocked out, Educators will contact the emergency contact if parent/guardians cannot be contacted when practicable, but as soon as possible.

Contact Keiki Hub Management.

Dental emergencies – baby (primary) teeth

In the case of a knocked, chipped or cracked tooth, Educators will contact the parent/guardian when practicable, but as soon as possible.

If a tooth (or teeth) has been knocked out, Educators will contact the emergency contact if parent/guardians cannot be contacted when practicable, but as soon as possible.

Procedure:

1. Do not attempt to put the tooth back in.
2. Store the tooth in milk and give it to the person collecting the child.

Dental emergencies – adult (secondary) teeth

In the case of a knocked, chipped or cracked tooth, Educators contact the parent/guardian when practicable, but as soon as possible. Any tooth fragments will be collected and stored in milk then given to the person collecting the child.

If a tooth (or teeth) has been knocked out, Educators will contact the emergency contact if parent/guardians cannot be contacted when practicable, but as soon as possible. First Aid will be administered by a staff member who holds a current first aid qualification.

Procedure:

1. Locate the tooth as quickly as possible and pick it up by the crown.
2. If dirty, rinse the tooth with some milk.
3. Insert the tooth into its previous position in the mouth. Have the child gently bite down on a tissue to help keep the tooth in place.
4. Do not force the tooth back in.
5. If the tooth does not go back in store the tooth in milk and give to the person collecting the child.

Notifying the Regulatory Authorities

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service using the NQA IT System.

A serious incident should be documented on an Incident, Injury, Trauma and Illness Form as soon as possible and within 24 hours of the incident.

Keiki Hub Management, Persons with Management or Control (PMCs) assist with the submission of all reports to ECRU via the NQA IT System. The Approved Provider and Compliance and Quality Manager (or other PMC) must be notified as soon as practicable after an incident to respond and to support with the submission of a Notification to ECRU.

Access to the NQA ITS Portal

1. Log in to NQA ITS <https://portal.nqaits.gov.au/>
2. Begin the notification or application by following the directions on NQA ITS and save.
3. Notify the Compliance and Quality Manager that you have completed an application or notification and it needs to be checked. **DO NOT SUBMIT UNTIL APPROVED BY COMPLIANCE AND QUALITY MANAGER OR APPROVED PROVIDER (or other PMC)**
4. Once approved, submit the notification.

For more information on how to use the NQA ITS System, visit the following link:

[NQA ITS Help Center - Jira Service Management \(atlassian.net\)](#)

Illness

Risk Management and Infectious Diseases

Our Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

We are committed to minimising the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by the [Australian Government- Department of Health](#) and Safe Work Australia.

Our Service implements procedures as stated in the [Staying healthy: Preventing infectious diseases in early childhood education and care services \(Sixth Edition\)](#) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the Department of Health and local Public Health Units in our jurisdiction under the Public Health Act.

Identifying Signs and Symptoms of Illness

Early Childhood Educators and Management are not doctors, and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of infection, medical advice may be required to ensure a safe and healthy environment.

Children who appear unwell at the Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an authorised nominee will be contacted to collect the child as soon as possible. A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until he/she is collected by a parent or authorised nominee.

Symptoms indicating illness links:

<https://www.healthdirect.gov.au/symptoms-of-serious-illness-in-babies-and-children>

<https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines#block-views-block-file-attachments-content-block-1> (Staying Healthy: Preventing infectious diseases in early childhood educator and care services 6th edition).

Keiki Early Learning reserves the right to refuse a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention
- Have had a temperature/fever within the last 24 hours
- Have had vomiting or diarrhoea of unknown cause within the last 24 hours
- Have been given medication for the purpose of reducing a temperature prior to arriving at the Service
- Have an illness that [Staying Healthy guidelines](#) direct that a child should stay home (be excluded) or
- Have symptoms consistent with a contagious or infectious disease not specified in the Staying Healthy Guidelines and an outbreak is present in the community (such as COVID-19).

High Temperatures or Fevers

- The normal temperature for a child is up to 38.0°C.
- Fevers are common in children.
- If the child seems well and happy there is no need to treat a fever or high temperature, however, a child cannot remain at the service with a high temperature.
- If a child has a temperature above 38.0°C, contact the child's parent/guardian or authorised nominee to collect the child and give the child clear fluids.
 - If the child is less than 3 months old, a parent/guardian or authorised nominee must collect the child immediately and seek medical attention or an ambulance may be contacted.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the service until 24 hours after the temperature/fever has subsided and the child is well.

When a child develops a high temperature or fever at the service

If your child becomes ill whilst at the service, educators will respond to their individual symptoms of illness and provide comfort and care.

- Educators will notify the Nominated Supervisor/Responsible Person who will then determine if the child needs to go home.
- Children with high temperatures or fever may be required to be collected, especially if the child is showing any other symptom of being unwell such as (but not limited to) lethargy, paleness, coughing, sneezing or runny nose.
- The child will be cared for in an area that is separated from other children in the service to await pick up from the person collecting them.
- The child will not be permitted back for a further 24 hours after the child's last temperature and symptoms of illness.
- Educators will complete an Incident, Injury, Trauma and Illness Form and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)
 - Temperature checks should take place every 20-30 minutes.

NOTE: Children under 3 months old who develop a fever over 38°C require immediate medical assistance. If the parent cannot take a child to a GP immediately, urgent medical assistance will be sought by the service.

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers etc.) Educators will need to be mindful of cultural beliefs. Do not strip the child and place a light sheet over the child if the child is feeling cold.

Paracetamol/Ibuprofen administration

In the event of a child experiencing a high temperature (fever) of 38°C and over, the Nominated Supervisor/Responsible Person will contact the parent/guardian or authorised nominee to collect the child. If the parent/guardian or authorised nominee is more than 20 minutes away from the service, the Nominated Supervisor/Responsible Person will ask the parent/guardian or authorised nominee to send an email providing permission for the Nominated Supervisor/Responsible Person to administer paracetamol/ibuprofen.

The Nominated Supervisor/Responsible Person will administer the paracetamol/ibuprofen in accordance with Regulation 95, following the manufacturer's directions on the paracetamol/ibuprofen bottle, will complete a medication record, make a note on the incident, injury and illness record and stay with the child until they have been collected.

Upon collection, the parent/guardian or authorised nominee will sign the medication record and incident, illness and injury form.

Paracetamol/ibuprofen must be regularly checked to ensure it is not expired and is stored out of reach of children, following the manufacturer's instructions.

Dealing with colds/flu/running nose

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked

nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year. As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Coordinators/Responsible Persons will send children home if they appear unwell due to a cold. Children can become distressed and lethargic when unwell. Coordinators/Responsible Persons will assess each individual case prior to sending the child home.

Nominated Supervisors/Responsible Persons have the right to send home a child if they appear unwell due to a cold or general illness.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or ‘gastro’) is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days. Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours.

If there are 2 or more symptoms of gastroenteritis that are linked, the Coordinator will report the cases of symptoms to the local health department.

https://www.health.wa.gov.au/Articles/A_E/Communicable-disease-control-guidelines/Gastroenteritis-in-childcare-centres-and-schools

Gastroenteritis can only be confirmed by the testing of a person’s stool.

During confirmed outbreaks of infectious illnesses any child with two or more very loose bowel movements or vomiting will be sent home and may be excluded until receiving a written clearance from a medical practitioner.

Children who are unwell, with symptoms of vomiting and/or diarrhoea will be sent home by the Nominated Supervisor/Responsible Person. Consideration will be given when there are cases of children who usually have loose bowel movements, however families are recommended to get a letter from a medical practitioner that advises their child is not medically unwell and not contagious.

Trauma

There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, threats of violence, domestic violence, neglect or abuse. If a child witnesses or is involved in a serious incident in the service, care must be taken to assist the child in processing the event. Children and teenagers react in various ways to traumatic events. Some children react more strongly than others, even to the same event. Some children react straight away, whereas others react weeks or months after the event.

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

The [Child development and trauma guide](#) provided by the Department of Communities WA provides typical indicators of trauma and strategies to support children following trauma.

Helping children deal with trauma

Children who have experienced traumatic events often need help to adjust to the way they are feeling. It is important for Educators to be patient when dealing with a child who has experienced a traumatic event. It is imperative to remember a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent. This is one of the ways children try to manage their experiences.

Educators can assist children dealing with trauma by

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

Strategies to assist families, educators and staff may include

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another carer or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.
- Accessing support resources – AccessEAP, BeYou, Emerging Minds

Working with traumatised children can be demanding – be aware of your own responses and seek support from management when required.

Responsibilities
Nominated Supervisor/Centre Coordinator

- Ensure service policies and procedures are adhered to at all times.
- Protect children at the Service from harm and/or hazards that can cause injury so far as reasonably practicable.
- Ensure that at least one educator is in attendance at all times with current approved first aid qualifications and is immediately available at all times that children are being educated and cared for by the Service. This can be the same person who has anaphylaxis management training and emergency asthma management training.
- Ensure training and management processes are current and updated for First Aid, anaphylaxis, asthma and any other relevant medical conditions associated with any child attending the service.
- Ensure a risk assessment is conducted prior to an excursion or incursion to identify risks to health, safety, or wellbeing and specify how these risks will be managed and minimised.
 - Ensure risk assessments in all environments to identify risks to health, safety, or wellbeing and specify how these risks will be managed and minimised.
- Ensure that first aid training details are recorded and kept up to date on each staff member’s record.
- Ensuring there is an induction process for all new staff, including casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children’s allergies and individual medical management plans.
- Ensure that children with medical conditions, health care needs, dietary requirements or health preferences have a completed and updated Risk Minimisation and Communication Plan.
- Ensure that parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the *Incident, Injury, Trauma and Illness* Record. Scan & upload the completed record to the child’s Xplor profile.
- Ensure that Keiki Hub Management, in particular the Approved Provider and Compliance and Quality Manager (or other PMC) are notified of all serious incidents, injuries, illnesses, emergencies or events that may cause trauma as soon as practicable.
- Ensure the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma, or illness at the Service.
- Ensure that staff members are offered support and debriefing after a serious incident requiring the administration of first aid.
- Ensure a resuscitation (CPR) flow chart relevant to the age of the children is displayed in a prominent position in the indoor and outdoor environments of the Service.
- Keep up to date with any changes in procedures for the administration of first aid, medical conditions and medication and ensure that all educators are informed of these changes.
- Provide and maintain an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards.
 - There is no specified number of first aid kits a service should have. The Nominated Supervisor should work with their Room Leaders by using the Risk Assessment to determine how many there should be in the service.
 - Consider:
 - How accessible is it in its current location?

- Can you access it from the inside and outside environment?
- Is it out of reach of the children?
- Does it have enough resources for the number of children in the environment?
- Provide and maintain a transportable first aid kit that can be taken on excursions and other activities.
- Advise parents/guardians to keep their unwell child home until they are feeling well and have not had any symptoms for at least 24 hours (depending upon the illness and exclusion periods).
- Ensure adults or children who are ill are excluded from the service for the appropriate period.
- Ensure children are excluded from the service if they are deemed too unwell to attend or pose a risk to the health of other children.
- Ensure staff, children, families and visitors practice appropriate hand hygiene.
- Ensure appropriate cleaning practices are followed, including removal of mouthed toys from the environment for cleaning.
- Ensure additional cleaning measures are implemented during outbreaks of infectious illnesses or viruses.
- Ensure kitchen staff keep cold food cold (below 4 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- Families are notified of any infectious diseases circulating the Service within 24 hours of detection.
 - This information is displayed on the notice at the entry to the service when applicable.

Responsible Persons

- Maintain a current approved first aid qualification, including CPR certification.
- Support staff when dealing with a serious incident and/or trauma.
- Contact Keiki Hub Management during or immediately after a serious incident.
- Determine if a child requires paracetamol when their temperature is in the danger zone (above 38C and parent or authorised nominee/emergency contact is 20 minutes away from collecting child).
- Receive written permission from a parent/guardian or authorised nominee/emergency contact with authorisation to provide authorisation to administer paracetamol.
- Monitor the contents of all first aid kits and arrange the replacement of stock, including when the use-by date has been reached.
 - Dispose of out-of-date materials and supplies appropriately.
- Ensure safety signs showing the location of first aid kits are clearly displayed.
- Keep up to date with any changes in the procedures for the administration of first aid.
- Nominated Supervisor/Responsible Person, or qualified educator at the discretion of the Nominated Supervisor/Responsible Person, contact the parent/guardian immediately if the injury is:
 - a. Head or Face Injuries
 - b. Bites/stings
 - c. Bite from another child
 - d. Suspected break/fracture or sprain
- Ensure that appropriate documentation is being recorded regarding incidents, injury, trauma, and illnesses and the administration of first aid, as per the Incident, Injury, Trauma and Illness Policy. Documentation of the following must be recorded.
 - Name and age of the child

- Circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
- Time and date
- Details of action taken by the service including any medication administered, first aid provided or
Medical personnel contacted
- Details of any other witnesses
- Names of any person the service notified or attempted to notify, and the time and date of this
- Signature of the person making the entry, and time and date of this.

Educators

- Implement appropriate first aid procedures when necessary.
- Follow this policy, Medical Conditions Policy and Administration of Medication Policy at all times.
- Follow the Safe Transportation Policy and Emergency Management Policy.
- Inform the Nominated Supervisor or Responsible Person should first aid be required for any child.
- Permanent educators must maintain valid first aid and CPR certifications. If they are unable to complete training before their current certification expires, they must schedule a renewal session as soon as is practicable.
 - Refresh knowledge of using asthma medication (Ventolin/salbutamol) at least annually
 - Refresh knowledge of using an EpiPen at least annually
- Ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma.
- Ensure that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness* Record accurately.
- Conduct risk assessments on all environments to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Conduct a risk assessment prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Practice effective hand hygiene techniques.
- Ensure that appropriate cleaning practices are being followed in service.

Parents/Guardians

- Sign service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child.
- Provide written consent (via the enrolment record) for service staff to administer first aid and call an ambulance if required.
- Be contactable, either directly or through emergency contacts listed on the child's enrolment record.
- Provide up to date medical and contact information in case of an emergency.
- Provide the service with all relevant medical information, including their child's medical management plans, health care plans and Risk Minimisation Plans and update the plan annually or whenever the medication/medical needs change
- Adhere to the exclusion periods for their child's illness and keep their child home if they are unwell.
- Collect children as soon as possible or arrange someone to collect their child on their behalf if their child is showing symptoms of illness.

- Provide a medical clearance for their child after being unwell where required.
- Communicate with the service if their child is unwell, as soon as practical.



Supporting Documents

Policies

- [Administration of Medication Policy](#)
- [Arrival, Departure and Authorisation Policy](#)
- [Emergency Management Policy](#)
- [Enrolment and Orientation Policy](#)
- [Excursion, Incursion and Safe Transportation Policy](#)
- [Immunisation and Infectious Diseases Policy](#)
- [Incident, Illness and Administration of First Aid Policy](#)
- [Medical Conditions Policy](#)
- [Providing a Child Safe Environment Policy](#)

Other Documents

- [Incident, Injury and Illness Record](#)

Resources

- [Education and Care Services National Law \(WA\) Act 2012](#)
- [Education and Care Services National Regulations 2012](#)
- [Staying Healthy 5th Edition](#)



Sources

- ACECQA – Australian Children’s Education and Care Quality Authority.
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law (WA) Act 2012. (2023).
- Education and Care Services National Regulations 2012. (2024).
- Guide to the National Quality Framework. (2024).
- National Health and Medical Research Council. (2024). Staying healthy: Preventing infectious diseases in early childhood education and care services. Sixth Edition.
- Australian Government Department of Health, Health Topics <https://www.health.gov.au/health-topics>
- Health Direct <https://www.healthdirect.gov.au/>
- Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>
- Department of Communities WA <https://www.wa.gov.au/government/publications/child-development-and-trauma-guide> (2021).



Links to Regulations

National Quality Standard

Quality Area 2: Children’s Health and Safety		
2.1	Health	Each child’s health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and Emergency Management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
Quality Area 4: Staffing Arrangements		
4.1.1	Organisation of educators	The organisation of educators across the service supports children’s learning and development.
Quality Area 7: Governance and Leadership		
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

Education and Care Services National Regulations	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical Conditions Policy
92	Medication Record
93	Administration of medication
94	Exception to authorisation requirement – anaphylaxis or asthma emergency
95	Procedure for administration of medication
97	Emergency and evacuation procedures
101	Conduct of risk assessment for excursion
136	First Aid Qualifications
137	Approval of qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
172	Notification of change to policies and procedures
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

Education and Care Services National Law	
165	Offence to inadequately supervise children
167	Offence relating to protection from harm and hazards
174	Offence to fail to notify certain information to Regulatory Authority



Review & Document Control	
Policy Reviewed	Modifications
October 2022	Administration of First Aid and Incident, Injury, Trauma and Illness Policy combined to create this policy. Trauma information revised and reviewed. Further clarity written into exclusion policy. Verbal authority now allowed for administration of paracetamol.
November 2022	First Aid procedures for dental emergencies added.
January 2023	Updated Administration of Paracetamol section for consistency with Regulations. Added regulation 95 to references.
February 2023	Update to provide clarity in exclusion periods.
April 2023	Reword notification to parents/emergency contacts. Clarify who can contact parents. Inclusion of ARC guidelines. Hyperlinks updated.

July 2023	Added section on when and how to complete incident, illness & injury records.
May 2024	Clarity on first aid qualified educators can provide first aid. Updated links to NQS system. New format.
October 2024	Updated references to Staying Healthy to specify 6 th edition, updated exclusion periods in line with Staying Healthy recommendations, updated links to Staying Healthy, links checked & updated.
May 2025	Rewrote policy statement 'Why we have this policy'. Added clarification on when Keiki Hub Management needs to be contacted and who (PMCs). Rewrote fever section – information is the same. Updated information about reporting Gastroenteritis.

Disclaimer

It is each employee, family and visitor to the service’s responsibility to read, understand, follow and address any concerns with management about this policy.

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You can find it at: <https://keikiearlylearning.com.au/policies-and-procedures/>

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